Egypt

2014 Demographic and Health Survey

Key Findings



The Egypt Demographic and Health Survey is the latest in a series of nationally representative population and health surveys conducted in Egypt. The survey was conducted on behalf of the Ministry of Health and Population (MOHP) by El-Zanaty and Associates.

The EDHS includes two components: a survey of ever-married women age 15-49 to update key health and population indicators covered in past Egypt DHS surveys and a separate survey of the general population to obtain updated information on other critical health problems facing Egypt including the prevalence of hepatitis B and C and the population's experience with non-communicable diseases. This report presents key findings from the ever-married women component, which is referred to as the 2014 EDHS.

The 2014 EDHS is part of The DHS Program which is funded by the United States Agency for International Development (USAID). USAID/Cairo was the main contributor of funding for the survey. Support for the survey also was provided by UNICEF and UNFPA. The opinions expressed herein are those of the authors and do not necessarily reflect the views of USAID, UNICEF or UNFPA.

Additional information about the 2014 EDHS may be obtained from the Ministry of Health and Population, Magles El Shaab Street, Cairo, Egypt; Telephone: 20-2-27948555; and Fax: 20-2-27924156.

Information about DHS surveys may be obtained from The DHS Program, ICF International,
530 Gaither Road, Suite 500, Rockville, MD USA; Telephone: 1-301-407-6500; Fax: 1-301-407-6501; E-mail: reports@dhsprogram.com; Internet: http://www. dhsprogram.com.

Recommended citation:

Ministry of Health and Population [Egypt], El-Zanaty and Associates [Egypt], and ICF International. 2015. Egypt Demographic and Health Survey 2014: Key Findings. Cairo, Egypt and Rockville, Maryland, USA: Ministry of Health and Population and ICF International.

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About the 2014 EDHS

The 2014 Egypt DHS (EDHS) is designed to provide data for monitoring the population and health situation in Egypt. The 2014 EDHS is the tenth Demographic and Health Survey conducted in Egypt since 1988, and the objective of the survey was to provide reliable estimates of fertility, contraceptive use, infant and child mortality, child health, immunization coverage, maternal health, nutrition, and anemia. In addition, the survey was designed to provide information on female circumcision, domestic violence, and children's welfare.

Who Participated in the Survey?

A nationally representative sample of 21,762 ever-married women in selected households in 28,175 of the selected households were interviewed. This represents a response rate of 99% for ever-married women. The sample design for the 2014 EDHS provides estimates at the national and regional levels, and for urban and rural areas. The sample also allows for estimates of many indicators at the governorate level.



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Characteristics of Households and Respondents

Household Composition

Egyptian households have an average of 4.1 members. Thirteen percent of households are headed by women. More than one-third of the household population is under age 15.

Water, Sanitation, and Electricity

Almost all households in Egypt have an improved source of drinking water - 91% of households have their water piped directly into their dwelling or yard. Only 2% of households have get their water from an unimproved source, such as a tanker truck or cart with drum.

Nine in ten households have an improved and not shared sanitation facility. An additional 2% share a toilet facility, and 7% have a non-improved toilet facility. Almost all urban households have an improved toilet compared to 12% of rural households..

Ownership of Goods

Almost all households in Egypt own a television (98%), a mobile phone (90%), and a refrigerator (97%). Almost half of urban households own a computer, compared to 23% of rural households. One in five households owns a smart phone.

Only 9% of Egyptian households own a car or truck. Eight percent own a scooter or motorcycle. Eight percent of households has a bank or savings account. One in five households in rural areas own agricultural land.

Education

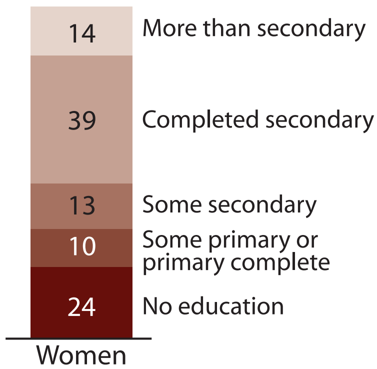
One-quarter of ever-married women age 15-49 have had no education; just over half have completed secondary school or gone to higher education.

Almost three-quarters of ever-married women age 15-49 are literate. Literacy is highest among the youngest women (87% for 15-24 year olds), and in urban areas (84%).



Education

Percent distribution of ever-married women age 15-49 by highest level of education attended



Fertility and Its Determinants

Total Fertility Rate

The 2014 Egypt DHS indicates that fertility has increased after more than 20 years of decline. Between 1980 and 2008, fertility dropped from 5.3 children per woman to 3.0 children per woman. But since 2008, fertility has risen by half a child.

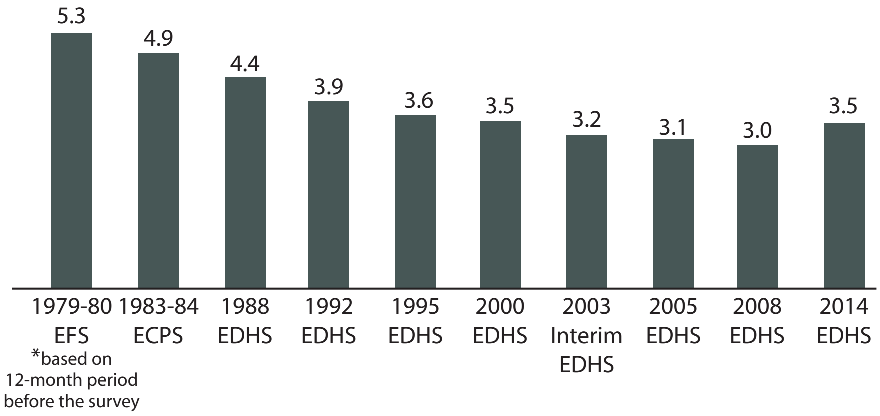
Currently, Egyptian women have an average of 3.5 children. Fertility is higher in rural areas than urban areas (3.8 versus 2.9) and is highest in rural Upper Egypt (4.1 children per woman).

Fertility is lowest (2.8 children per woman) among women living in the wealthiest households. It is women in the middle wealth quintile who have the most children, on average (3.9)*.

Fertility is relatively stable across educational levels, ranging from 3.5 children per woman among those with secondary or higher education to 3.8 children per woman among those with no education.

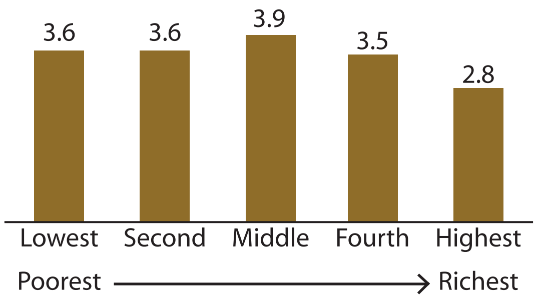
Trends in Fertility

Births per woman for the three-year period before the survey



Total Fertility Rate by Household Wealth

Births per woman for the three-year period before the survey



* Wealth of families is calculated through household assets collected from DHS surveys—i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. The household population is then divided into five groups of equal size, or quintiles, based on their relative standing on the household wealth index.

Age at First Marriage and Birth

Overall, 70% of women age 15-49 are married. Almost one quarter of women are married by age 18; half of women are married by age 20.8.

Women in urban areas marry more than two years later than women in rural areas (median age of 22.4 versus 20.0). Women with no education marry the earliest, at a median age of 18.6, compared to 22.3 among women with secondary complete or higher education. Women from the wealthiest households marry more than 4 years later than women in the poorest households.

Women age 25-49 had their first birth at a median age of 22.6. Women with no education have their first birth three years earlier than women with secondary of higher education.

Teenage Childbearing

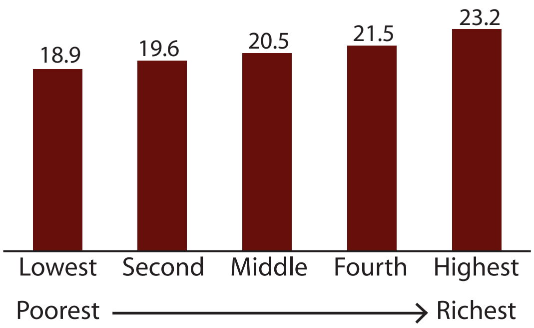
More than 10% of young women age 15-19 have begun childbearing: 7% have had a child and 4% were pregnant at the time of the survey. Teenage childbearing is more common in rural areas (14%) than urban areas (5%).

Consanguinity

Almost one-third of ever-married women in Egypt are/were married to a relative. Seventeen percent are married to a first cousin.

Median Age at First Marriage by Wealth Quintile

Median age among women 25-49



Family Planning

Current Use of Family Planning

More than half (57%) of currently married women age 15-49 use a modern method of family planning. An additional 2% use a traditional method. The most popular methods are IUD (30%), pill (16%), and injectables (9%). Prolonged breastfeeding is the most commonly used traditional method of family planning (1%).

Use of modern methods increases with age: 19% of married women age 15-19 are currently using a modern method compared to more than 70% of women age 35-44. Modern method use also increases with number of living children. Among married women with no children, less than 1% are using a method of family planning.

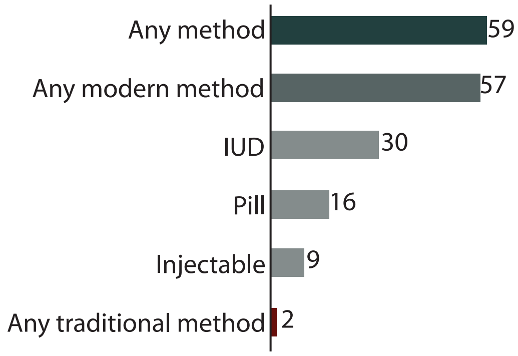
Use of family planning is high among women at all educational and wealth levels. More than half of married women at all levels of education and wealth are using a modern method of family planning. Only 45% of women in rural Upper Egypt are using a modern method compared to 63% of women in rural Lower Egypt.

Trends in Family Planning Use

Use of modern methods of family planning rose rapidly between 1980 and 2000 and has remained relatively stable since 2000. Use of pills and injectables has become more common in recent years, while use of IUDs has declined slightly since 2008.

Family Planning

Percent of married women age 15-49 using family planning

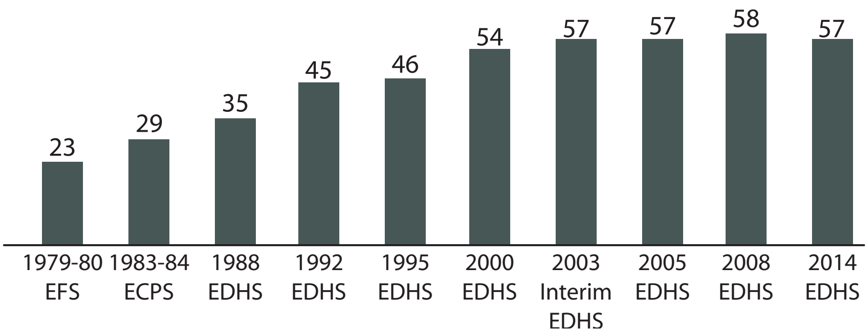


Attitudes toward Use of Family Planning

The large majority of ever-married Egyptian women believe that use of family planning is appropriate after a woman's first birth. Only 2% of ever-married women believe that family planning is appropriate before the first pregnancy.

Trends in Use of Modern Methods of Family Planning

Percent of currently married women age 15-49 using a modern method



Need for Family Planning

Desire to Delay or Stop Childbearing

Six in ten married women age 15-49 want no more children or are already sterilized. An additional 17% would like to wait at least two more years before their next birth.

Unmet Need for Family Planning

Unmet need for family planning is defined as the percentage of married women who want to space their next birth or stop childbearing entirely but are not using contraception.

Thirteen percent of currently married women in Egypt have an unmet need for family planning, 5% for spacing births and 8% for limiting births. Unmet need is highest in Upper Egypt (16%) and among women from the poorest households (15%). Unmet need has remained relatively stable since 2005.

Exposure to Family Planning Messages

Almost half of currently married women age 15-49 have been exposed to a family planning message in the media. Four in ten women have seen a message on television, and 18% have seen a poster, sign, or billboard.

Exposure to family planning messages has dropped in recent years. In 2005, for example, 89% of women had seen a family planning message on television compared to only 39% in 2014.

Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods.

Half (48%) of married women age 15-49 using modern methods were informed about side effects and 35% were told what to do about side effects; 62% were told about other available family planning methods.



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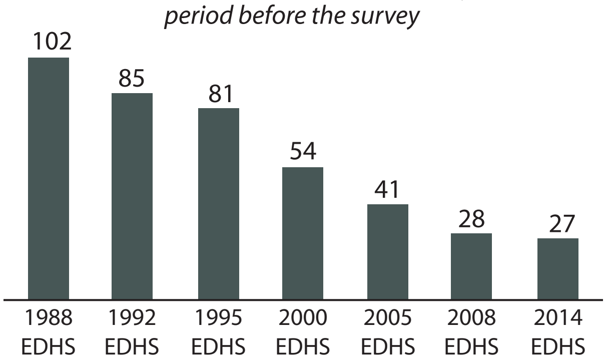
Childhood Mortality

Rates and Trends

Childhood mortality continues to decline in Egypt. Currently, infant mortality is 22 deaths per 1,000 live births, and there are 27 under-five deaths for every 1,000 live births. The large majority (about 80%) of childhood deaths occur during the first year of life. About half of childhood deaths occur during the first month of life.

Trends in Under-Five Mortality

Deaths per 1,000 live births for the 5-year period before the survey

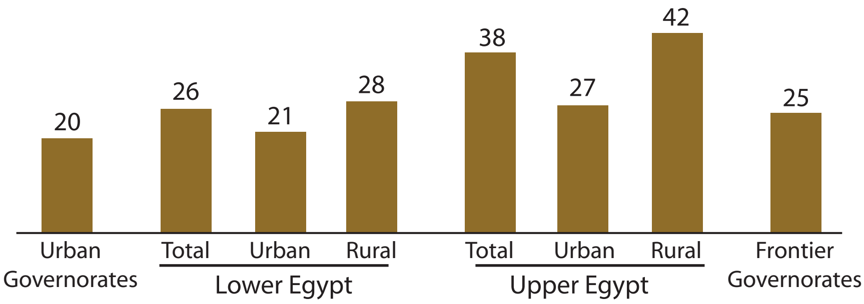


Mortality Rates by Background Characteristics

Childhood mortality does vary throughout Egypt. Under-five mortality is higher in rural than urban areas (34 deaths per 1,000 live births compared to 23). The highest rate of under-five mortality is seen in rural Upper Egypt (42 deaths per 1,000 live births) while under-five mortality is lowest in the Urban Governorates (20 deaths per 1,000 live births).

Under-five Mortality by Residence

Deaths per 1,000 live births for the 10-year period before the survey



Childhood mortality decreases with mother's education from 41 deaths per 1,000 live births among children whose mothers had no education to 24 deaths per 1,000 live births among children whose mothers had secondary or higher education. Childhood mortality also decreases with household wealth.

Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. The median birth interval in Egypt is 36.7 months.

Infants born less than two years after a previous birth have particularly high under-five mortality rates. In Egypt, the under-five mortality for children born less than two years after a sibling is 56 deaths per 1,000 live births, while the under-five mortality rate for children born three years after a sibling is only 18 deaths per 1,000 live births. Twenty percent of non-first births in Egypt are born less than two years after their siblings, putting them at higher risk of mortality.

Maternal Health

Antenatal Care

Nine in ten women age 15-49 receive antenatal care from a skilled provider, most commonly from a doctor. Eighty-three percent of women received antenatal care at least four times during the pregnancy, as recommended. ANC coverage has improved markedly sine 2008 when only 67% of women had 4+ visits.

Two-thirds of women with a recent birth received iron tablets or syrup during her pregnancy. For three-quarters of women with a live birth, their most recent live birth was protected against neonatal tetanus.

Among women who received ANC for their most recent birth, only 46% were informed of pregnancy complications, 93% had their blood pressure measured, 78% had a had urine sample taken, and 81% had blood sample taken.

Delivery and Postnatal Care

Almost 9 in 10 births occur in a health facility: 26% in a public facility and 61% in a private facility. Thirteen percent of births occur at home. Home births are most common in rural areas of Upper Egypt (24%). Home births are also common among women with no education (29%) and those from the poorest households (25%).

More than 90% of births are assisted by a skilled provider such as a doctor (88%) or nurse/midwife (3%). This marks a large improvement, as only 79% of births were assisted by a skilled provider in 2008.

More than half of births are delivered by caesarean section in Egypt. Caesareans are more common at private health facilities (66%), in urban areas (60%), and among women from the wealthiest households (67%). Caesarean deliveries have become much more common, up from only 28% in 2008.

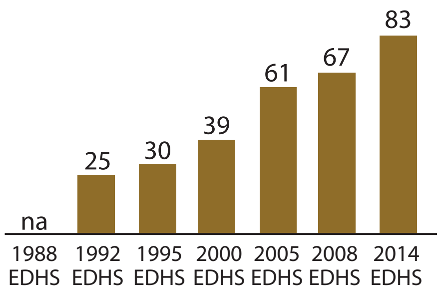
Women spend little time in health facilities following births. One-third of women are in the health facility for less than five hours after birth. Overall, 57% of women spend less than a day in the health facility after the birth.

Postnatal care helps prevent complications after childbirth. About 80% of women with a live birth in last two years received a postnatal checkup within two days of delivery; 17% of women received no postnatal check up at all.

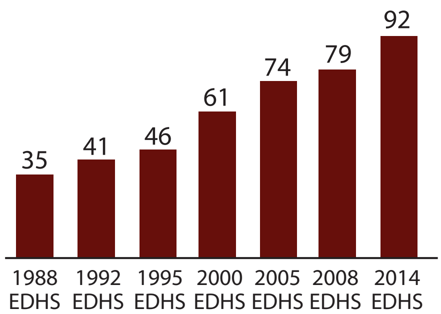
Newborns are far less likely to receive a postnatal check up. Only 14% of newborns received a check up within two days of birth.

Trends in Maternal Health

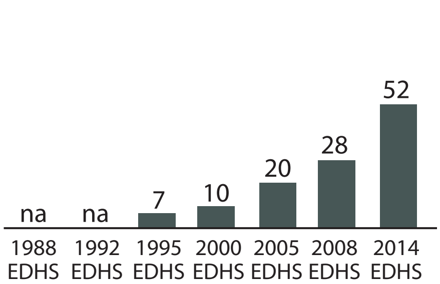
Regular Antenatal Care
Percent of mothers who received 4+ ANC visits for her last birth in the 5 years before the survey



Medical Assistance at Birth
Percent of births in the 5 years before the survey assisted by a doctor or nurse/midwife



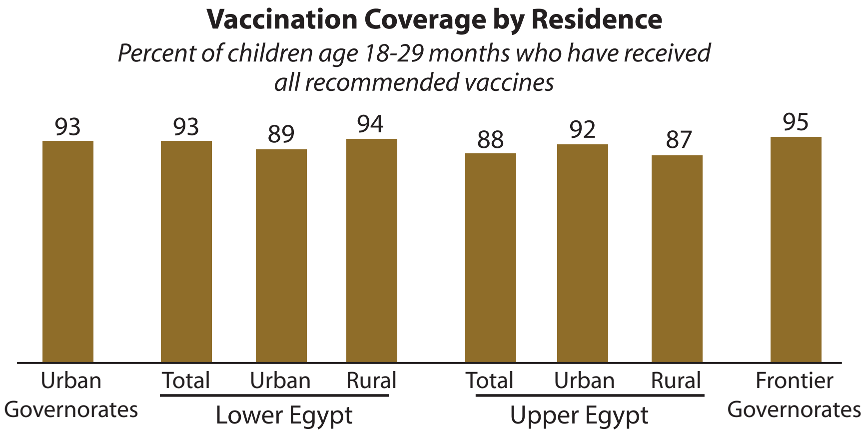
Caesarean Deliveries
Percent of births in the 5 years before the survey delivered by caesarean-section



CHILD HEALTH

Vaccination Coverage

Nine in ten (91%) children age 18-29 months are fully vaccinated, meaning that they've received all of the basic recommended vaccines (BCG, a measles vaccination, three DPT vaccinations, and three polio vaccinations). Slightly fewer (89%) have received all the basic vaccinations as well as 3 hepatitis vaccine doses.



Vaccination coverage is high throughout Egypt, ranging from 87% in rural Upper Egypt to 95% in the Frontier Governorates included in the survey. While vaccination coverage does increase with mother's education and household wealth, even 86% of children from the poorest households are fully vaccinated.

Childhood Illnesses

More than one-quarter of children under age five had a cough in the two weeks before the survey; 14% had a cough accompanied by short, rapid, or difficulty breathing that was chest-related, which is a symptom of an acute respiratory infection (ARI). Among the children with ARI symptoms, 68% were taken to a health provider. More than 90% of these children received drugs, primarily antibiotics (63%).

One quarter (26%) of children under age five had a fever in the two weeks before the survey. Two-thirds of these children were taken to a health facility or provider and two-thirds received antibiotic drugs.

Fourteen percent of children under age five had diarrhea in the two weeks before the survey. Just over half (55%) of them went to a health provider. Only 30% of children with diarrhea received oral rehydration therapy (ORT) while 37% were given an antibiotic. Three-quarters of children with diarrhea did not receive more liquids, as recommended.



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Feeding Practices and Supplementation

Breastfeeding and the Introduction of Complementary Foods

Almost all (96%) of Egyptian children are breastfed but only 27% are breastfed in the first hour of life. More than 60% of children are given a prelacteal feed (something other than breast milk in the first 3 days of life).

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. In Egypt, only 40% of children under six months are exclusively breastfed. Exclusive breastfeeding declines as the child ages; only 13% of 4-5 month-olds are exclusively breastfed.

Egyptian children breastfeed for a median of just over 17 months, but are only exclusively breastfed for a median of under 2 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. Seven in ten children age 6-9 months are receiving complementary foods.

Use of Iodized Salt

The 2014 EDHS included testing of household salt for iodine. Nine in ten Egyptian households have iodized salt. Household salt iodization is above 85% in all regions. The poorest households are least likely to have iodized salt (81%).

Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children, pregnant women and new mothers. Three in five (61%) children age 6-23 months ate foods rich in vitamin A in last 24 hours, but only 17% of children age 6-59 months received a vitamin A supplement in six months before the survey. Three in ten women with a live birth in last five years received vitamin A postpartum, as recommended.

More than half (53%) of children age 6-23 months ate foods rich in iron in last 24 hours, but only 8% of children age 6-59 months received an iron supplement in the week before the survey.

Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anemia and other complications. Only 36% of women age 15-49 with a live birth in last five years received iron supplements for 90+ days. One-third of women received no iron supplements at all.



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Nutritional Status

Children's Nutritional Status

The 2014 EDHS measured children's nutritional status by comparing height and weight measurements against an international reference standard.

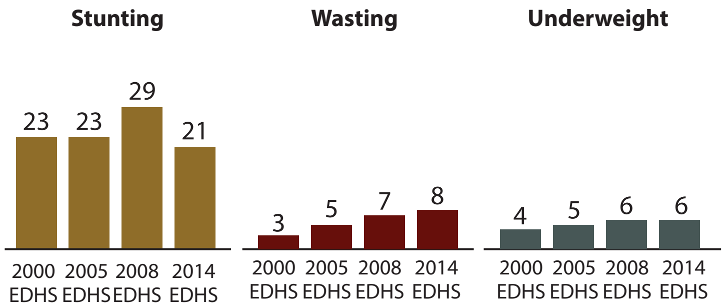
One in five (21%) of children under five are stunted, or too short for their age. Stunting is a sign of chronic malnutrition. Stunting is most common in urban Upper Egypt (30%).

Eight percent of children under five are wasted, or too thin for their height. Wasting is a sign of acute malnutrition. Six percent of children are considered underweight, or too thin for their age. Conversely, 15% of children are overweight.

The 2014 EDHS also measured height and weight for never-married girls and boys age 5-19. Very few girls in Egypt are thin (2%), while 36% are overweight or obese. One-quarter of boys age 5-19 are overweight or obese.

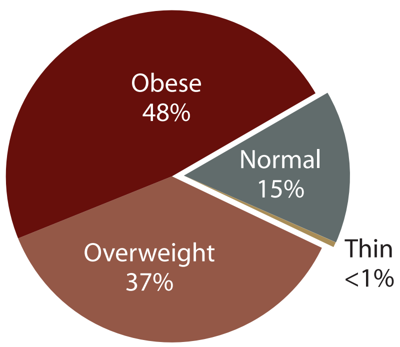
Trends in Nutritional Status

Percent of children under 5



Women's Nutritional Status

Percent distribution of women age 15-49



Women's Nutritional Status

The 2014 EDHS also took weight and height measurements of women age 15–49. Currently, 85% of Egyptian women are overweight or obese. The level of overweight continues to increase, up from 77% in 2000.

Anemia

The 2014 EDHS measured blood hemogloblin levels to test for anemia. Just over one-quarter (27%) of children age 6-59 months have anemia; most have moderate cases. Anemia in children is most common among in children age 9-11 months (49%).

Older children are slightly less likely to be anemic. Twenty-one percent of female children and 18% of male children age 5-19 are anemic in Egypt, and almost all of these are mild cases.

One-quarter of ever-married women are anemic. This marks a sizable decline from the 2005 EDHS when 39% of ever-married women tested positive for anemia.

Women's Empowerment

Employment

Only 15% of married women age 15-49 were currently employed at any time during the 12 months before the 2014 EDHS. Among these women, the large majority (84%) were paid in cash only; 13% were not paid at all.

Among the women with cash earnings, 92% report that they decide alone or jointly with their husbands how to use those cash earnings. Six in ten women report that they earn less than their husbands.



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Participation in Household Decisions

The 2014 EDHS asked currently married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to family or relatives.

Eighty-three percent of married women age 15-49 report that they have sole or joint decisionmaking power in their own health care, 67% for major household purchases, and 76% of women have control over decisions to visit her family or relatives. More than half (59%) participate in all three decisions, while 10% don't participate in any of the three. Women in the wealthiest households and those with the most education are most likely to report having power in these three decisions.

Problems in Accessing Health Care

More than two-thirds of ever-married women age 15-49 report experiencing at least one problem in accessing health care. The most commonly cited concerns are: concern that there are no drugs available (54%), concern that there's no health provider available (48%), and concern that there is no female provider available (29%).

Domestic Violence

Attitudes toward Wife Beating

More than one-third (36%) of ever-married women agree that a husband is justified in beating his wife for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him. Going out without telling him and neglecting the children are the most common reasons cited for justified wife beating.

Experience of Physical Violence

More than one-third (36%) of ever-married women age 15-49 have experienced physical violence since age 15. The most commonly reported perpetrators are current husband (64%), but parents are also frequently listed (father/step-father, 26%, mother/step-mother, 31%).

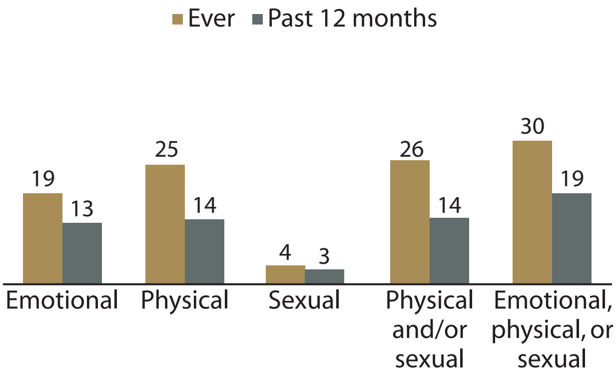
Spousal Violence

One-quarter (25%) of ever-married women age 15-49 have ever experienced physical violence committed by their current or most recent husband. For 14% of women, this violence occurred in the year before the survey. The most common forms of physical violence reported are pushing, shaking, and slapping.

In addition, 4% of ever-married women report that they have experienced sexual violence by their current or most recent husband, and 19% report emotional violence.

Spousal Violence

Percent of ever-married women who have experienced the following types of spousal violence



Reports of physical or sexual violence are most common among divorced or separated women (63%). Husbands who display several marital control behaviors are more likely to have wives who report spousal violence.

Violence during Pregnancy

Violence during pregnancy may threaten not only a woman's well-being but also her unborn child.

Seven percent of ever-married women who have ever been pregnant have experienced violence during pregnancy. Almost one-third of women who are now divorced/separated report that they had experienced violence during pregnancy.

Help-Seeking Behavior

One-third of ever-married women age 15-49 who have ever experienced violence since age 15 have sought help to stop violence. An additional 18% have told someone about the violence. Among those who have sought help, the woman's own family is the most commonly cited source of help, followed by the husband's family.

Female Circumcision

Female Circumcision among Women

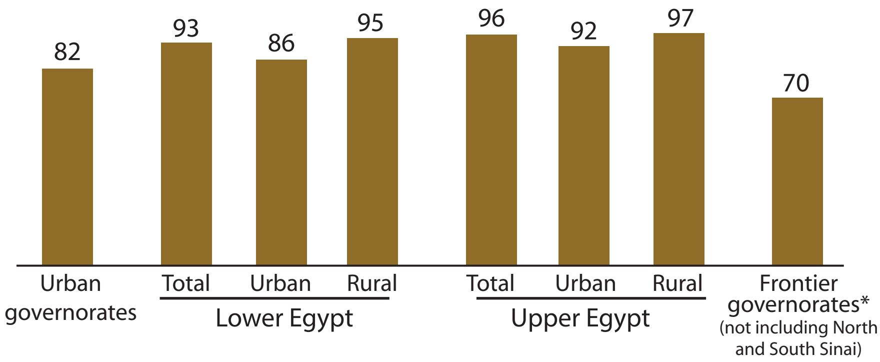
Female circumcision, also known as female genital cutting, is the norm in Egypt, where 92% of ever-married women age 15-49 have been circumcised.

Female circumcision is a bit more common in rural areas (95%) than urban areas (86%) and is especially common in rural Upper Egypt (97%). There is a strong pattern between female circumcision and wealth: women in the poorest households are much more likely to be circumcised than women in the wealthiest households (97% versus 81%).

Among circumcised women age 15-49, the circumcision generally occured between the ages of 9 and 12. Dayas performed more than half (52%) of circumcisions, while doctors performed 31%.

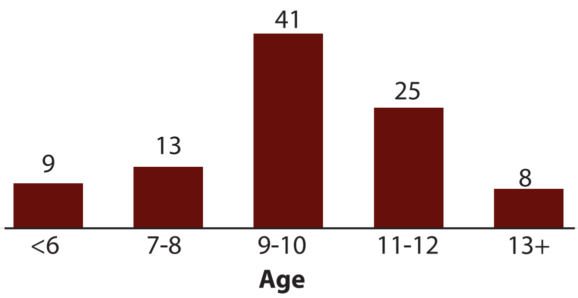
Female Circumcision by Residence

Percent of ever-married women age 15-49 who have been circumcised



Age at Female Genital Cutting

Percent distribution of women age 15-49 who are cut by age at circumcision



Female Circumcision among Girls

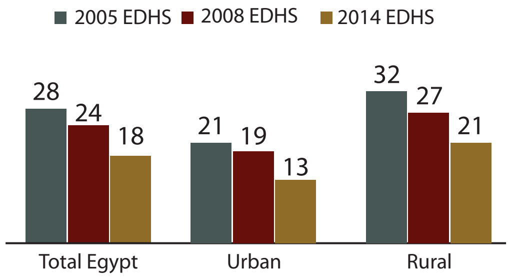
The 2014 EDHS asked ever-married women about the circumcision status of their daughters. The women reported that, among their daughters age 0-19, 21% were already circumcised, and 35% intend for their daughters to be circumcised in the future.

Women living in urban areas are less likely than women in rural areas to expect that their daughters will be circumcised (39% versus 65%).

Daughters are much more likely to be circumcised by a doctor (74%) than a daya (16%). This is a change since the previous generation.

Trends in Circumcision among Daughters

Percentage of daughters age 0-17 circumcised



Attitudes toward Female Genital Cutting/ Circumcision

Just over half of ever-married women believe that female circumcision is required by religion. Just over 30% believe that female circumcision should be stopped. Women in Urban Governorates are most likely to believe that female circumcision should be stopped (52%). Conversely, two-thirds of women in Upper Egypt believe female circumcision should continue.

Children's Status

Access to Education

More than 90% of primary-school aged children (male and female) are attending primary school. Just over three-quarters (78%) of secondary school aged children are attending secondary school.

Child Discipline

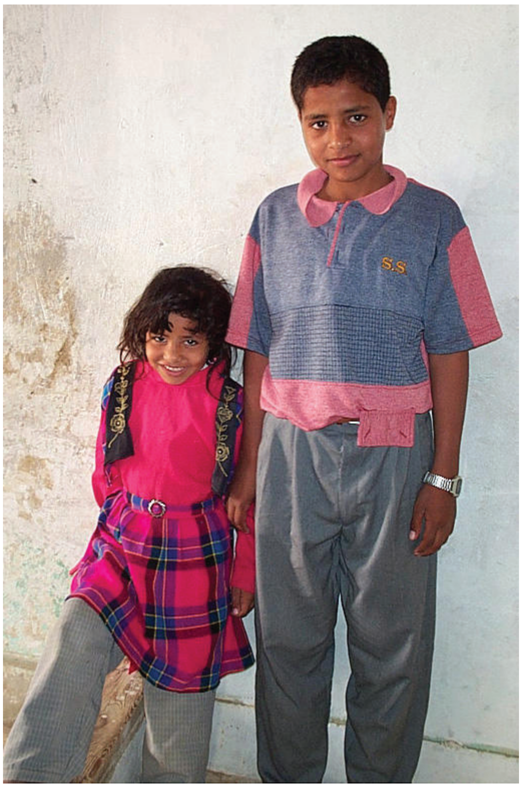
In the month before the survey, 9 in 10 children age 1-14 years were disciplined in a violent way, such as screaming at the child or administering some type of physical punishment.

More than 2 in 5 children experienced severe physical punishment, such as hitting or slapping the child on the face, head, or ears. Twelve percent of children were beaten over and over. Other violent discipline strategies were also common, such as shaking the child (48%), hitting the child on the hand, arm, or leg (57%), and spanking or hitting the child on the bottom with a bare hand (38%).

In all, more than three-quarters of children age 0-14 experienced some type of physical punishment in the month before the survey. Physical punishment is common throughout Egypt and across wealth and education groups.

Child Labor

One in 14 children in Egypt is involved in child labor, i.e., the child is engaged during the week in economic activities or household chores for longer hours than are considered appropriate or the child works under hazardous conditions. Children living in the poorest households (18%) and children age 15-17 (14%) are most likely to be involved in child labor.



Indicators

Fertility	Egypt
Total fertility rate (TFR-births per woman)	3.5
Median age at first marriage among women age 25-49 (years)	20.8
Median age at first birth among women age 25-49 (years)	22.6
Consanguinity (% of ever-married women age 15-49 who are first cousins with their current/last husband)	17
Teenage pregnancy (% of women 15-19 who are pregnant or have had a live birth)	11
Family Planning	
Current use of any method by ever-married women age 15-49 (%)	59
Current use of any modern method by ever-married women age 15-49 (%)	57
Currently married women with an unmet need [1] for family planning (%)	13
Maternal and Child Health	
Pregnant women who received regular ANC (4+ visits) by skilled provider[2] (%)	83
Births in a health facility (%)	87
Births assisted by a skilled provider (%)[2]	92
Deliveries by Caesarean-section (%)	52
Children 18-29 months fully vaccinated[3] (%)	91
Nutrition	
Children under five who are stunted (moderate or severe) (%)	21
Children under five who are overweight or obese (%)	15
Ever-married women 15-49 who are overweight or obese (%)	85
Anemia in children age 6-59 months (%)	27
Anemia in ever-married women age 15-49 (%)	25
Childhood Mortality (deaths per 1,000 live births)[4]	
Infant mortality	22
Neonatal mortality	14
Under-five mortality	27
Domestic Violence and Female Circumcision	
Spousal physical or sexual violence (% among ever-married women 15-49)	26
Children experiencing any violent discipline method[5] in the month before the survey (% among children 1-14)	93
Circumcision (% among ever-married women age 15-49)	92

*The Frontier Governorates do not include North and South Sinai governorates
[1]Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. [2]Skilled provider includes doctor, nurse, midwife, . [3]Fully vaccinated includes BCG, measles, three doses each of DPT and polio vaccine (excluding polio vaccine given at birth). [4]Figures are for the ten-year period before the survey except for the national rate, which represents the five-year period before the survey. [5]Violent discipline includes shouting, yelling, screaming at the child, calling the child dumb or lazy, or using physical punishment such as shaking, hitting, spanking, or beating.

Residence							
Urban Governorates	Lower Egypt	Lower Egypt: Urban	Lower Egypt: Rural	Upper Egypt	Upper Egypt: Urban	Upper Egypt: Rural	Frontier Governorates*
2.5	3.4	3.0	3.6	3.8	3.2	4.1	3.9
23.0	20.8	22.1	20.5	19.9	21.9	19.1	21.0
24.6	22.4	23.6	22.1	21.8	23.5	21.1	22.9
11	13	9	14	23	18	25	20
4	12	7	14	12	5	14	11
63	64	63	64	50	59	47	55
61	62	61	63	49	57	45	54
11	10	11	10	16	14	17	11
91	87	90	86	76	83	73	79
95	91	96	90	80	91	76	84
97	95	98	94	86	94	83	89
62	60	71	58	40	50	36	41
93	93	89	94	88	92	87	95
19	18	19	18	26	30	25	15
15	17	17	16	13	17	12	8
87	87	91	86	81	87	78	82
21	28	25	28	28	22	30	45
21	22	24	22	31	29	31	20
17	23	19	24	32	23	35	19
14	14	10	16	19	14	21	12
20	26	21	28	38	27	42	25
23	25	24	25	28	24	30	17
82	93	86	95	96	92	97	70
93	93	93	94	93	91	93	94